

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1960

-60-036746

INDEXED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9178 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 3 Wks.		c. CITY OR TOWN Florissant		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1 Marquette Dr.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle GORDON Last WYLY				4. DATE OF DEATH 9-16-60 Month Day Year				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-24-10 49		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Manager.		10b. KIND OF BUSINESS OR INDUSTRY Quick Shop		11. BIRTHPLACE (City and state or country) Comonche, Texas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Charles N. Wyly			13b. MOTHER'S MAIDEN NAME Mary Howell			14. NAME OF HUSBAND OR WIFE Helen Rains Wyly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 11 089-10-9872		17. INFORMANT Address Helen Wyly Florissant, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma to lung bone and spine from undetermined primary site DUE TO (b) 199-2 DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from Sept 1st, 1960 to Sept 16, 1960 and last saw him alive on Sept 15, 1960 Death occurred at 11:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Robert Thomasson M.D.				(Degree or title)		22b. ADDRESS 100 N Euclid		
22c. DATE SIGNED 9-16-60		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-19-60		23c. NAME OF CEMETERY OR CREMATORY Durrant Cemetery		
23d. LOCATION (City, town, or county) Durrant, Oklahoma		24. FUNERAL DIRECTOR White-Mullen Mort. 118 N. Florissant Rd.		25. DATE RECD. BY LOCAL REG. SEP 17 1960		26. REGISTRAR'S SIGNATURE Loan Smith. M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lehmann

Licensed Embalmer No. 338

P. O. Address St Louis 3

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.